



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé

Direction de l'amélioration de la performance et de la  
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
September 29, 30, November 30, December 1, 2010	2010_123_9616_29Sep153755	Complaint – H-01139	
<b>Licensee/Titulaire</b>			
The Regional Municipality of Peel, 10 Peel Centre Drive, Suite B, 4 <sup>th</sup> FL, Brampton, ON L6T 0E5			
Long-Term Care Home/Foyer de soins de longue duree			
Tall Pines Long Term Care Centre, 1001 Peter Robertson Blvd., Brampton, ON L6R 2Y3			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Melody Gray-LTC Homes Inspector – Nursing # 123			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection regarding care issues for an identified resident.			
During the course of the inspection, the inspector spoke with: The Peel Police Officer, the Medical Director, the Administrator, the Director of Care, Nurse Managers, front-line nursing staff, an environmental services worker and the informant.			
During the course of the inspection the Inspector conducted a review of the resident's health file, observed care, reviewed the home's policy and procedures and observed both supplies and equipment.			
The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention and Personal Care			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
[1 ] WN			



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## NON-COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement du directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constitue un avis écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with the Long-Term Care Homes Act, 2007. S.O.2007,c.8, s.6.(7)  
(6) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007,c.8,s.6(7)

### Findings:

Care outlined in an identified resident's plan of care was not delivered as per the plan of care related to personal hygiene and continence care.

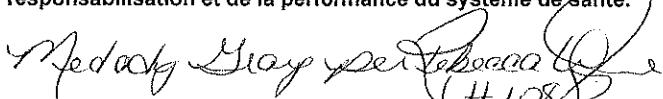
The home did not obtain a specimen for testing as ordered.

The DOC confirmed that there was a delay in completing a physician's order for laboratory testing for the identified resident.

Inspector ID #: 123	Melody Gray LTC Homes Inspector- Nursing
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Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

  
May 5, 2011

Title:

Date:

Date of Report: (if different from date(s) of inspection).